

A17000000055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

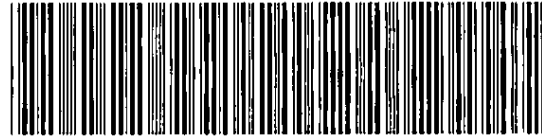
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
MAIL ASSISTANT

RECEIVED

2021 DEC 27 AM 11:57

ALLIANCE

DEC 28 2021

K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 347463 4305966

AUTHORIZATION :

COST LIMIT :

Lynell Aleman
\$52.50

ORDER DATE : December 22, 2021

ORDER TIME : 9:50 AM

ORDER NO. : 347463-005

CUSTOMER NO: 4305966

DOMESTIC FILINGS

NAME: RESIDENTIAL CAPITAL MANAGEMENT
FUND 1, LP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS: _____

**CERTIFICATE OF DISSOLUTION
FOR**

Residential Capital Management Fund 1, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 1/31/2017, assigned Florida document number A17000000055, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The limited partnership does not hold any assets or liabilities and wishes to dissolve

in accordance with section 620.1203 of the Florida Statutes.

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Tam Lu Papp

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 27 AM 10:43

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